

Title I Teacher Referral Form-Math
Grades K-2

Student name: _____

Date: _____

Teacher name: _____

Date: _____

1. Based on classroom assessments, please indicate how this student is scoring in relation to the rest of the class.

Skill	Above average	Average	Below average	Date/Type of Assessment
Number identification				
Number order				
Shape identification				
Addition facts				
Subtraction facts				

2. Where does this student rank overall in your classroom?

Top 1/3	Middle 1/3	Bottom 1/3

3. STAR math score(Percentile Rank):

1-59	59-79	80-99

Scoring:

- Enter one (1) point for each time the student scored Below Average.
- Top 1/3=0 points Middle 1/3=1point Bottom 1/3=2 points
- Enter zero (0) for 80-99, 1 (1) point for 59-79, and two (2) points for 1-59

Question	Points
1	
2	
3	
Total	

A final score of five (5) points or more results in a referral for Title I services.